



| TRANSMITTAL FORM | | | Application No. | 09/: | 09/539,734 | | |
|--|------------------------------------|--|------------------------|------------|--|--|--|
| | | | Filing Date | Mai | March 30, 2000 | | |
| (to be used for all correspondence after initial filing) | | First Named Inventor | Per | Hammarlund | | | |
| | | | Art Unit | 218 | 3 | | |
| | | | Examiner Name | Har | kness, Charles A. | | |
| Total Number of | Pages in This Submiss | ion 17 | Attorney Docket Number | r 423 | 90P6873 | | |
| ENCLOSURES (check all that apply) | | | | | | | |
| Fee Transmittal | Form | Drawing(s) | | | After Allowance Communication to TC | | |
| Fee Attac | ched | Licensing-r | elated Papers | | Appeal Communication to Board of Appeals and Interferences | | |
| Amendment / R | esponse | Petition | | | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | | |
| After Fina | al /declaration(s) | Petition to Convert a Provisional Application | | | Proprietary Information | | |
| Extension of Time Request | | Power of Attorney, Revocation Change of Correspondence Address | | , 🗆 | Status Letter Other Enclosure(s) (please identify below): | | |
| Express Abandonment Request | | Terminal Disclaimer | | | | | |
| Information Disclosure Statement | | Request for Refund | | | Replacement sheet and Annotated sheet of Drawings | | |
| PTO/SB/0 | 08 | CD, Number of CD(s) | | | (Fig. 9); Return receipt | | |
| Certified Copy of Priority Document(s) | | Landscape Table on CD | | | postcard | | |
| Response to Mis | ssing Parts/ lication | Domesto | | | | | |
| | Filing Fee | Remarks | _ | | | | |
| Declaration/POA | | | | | | | |
| Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | | |
| Firm | Thomas M. Coester, Reg. No. 39,637 | | | | | | |
| or Individual name | | | | | | | |
| Signature | Signature Romas Coeste | | | | | | |
| Date May 5, 2006 | | | | | | | |
| CERTIFICATE OF MAILING/TRANSMISSION | | | | | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | | | | | | | |
| Typed or printed na | | nston | | | | | |
| Signature | | 16 V | / | Date | May 5, 2006 | | |

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| VAM . | 60 | 5002 | Z |
| (.7 | | | |

Complete if Known Application Number 09/539,734 Filing Date March 30, 2000 First Named Inventor Per Hammarlund Applicant claims small entity status. See 37 CFR 1.27. TOTAL AMOUNT OF PAYMENT (\$) 0.00 Complete if Known Application Number 09/539,734 Filing Date March 30, 2000 First Named Inventor Per Hammarlund Examiner Name Harkness, Charles A. Art Unit 2183 Attorney Docket No. 42390P6873

| TOTAL AMOU | INI OF PAYMENT | (\$) | 0.00 | Attorney Docket No. | 42390P6873 | |
|---|--|--|---------------------------------|--------------------------|--|--|
| METHOD OF | METHOD OF PAYMENT (check all that apply) | | | | | |
| Check Cre | edit card Money | Order Non | e 🔲 (| Other (please identify): | | |
| | Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. | | | | | | |
| FEE CALCULAT | ION | | | | | |
| Total Claims Independent Claims Multiple Dependent | LAIM FEES Extra Claims 17 | Fee from below Fe | Paid \$0.00 \$0.00 | | | |
| Fee Fee Code (\$) 0 1202 50 1201 200 1203 360 1204 790 1205 300 2 | Fee Fee Fee Description Sode (\$) 202 25 Claims in excess 201 100 Independent clair 203 180 Multiple Depende 204 395 "Reissue indepe 205 150 "Reissue claims SUBTOTAL (1) | | | rent **or number | previously paid, if greater, For Reissues, see below | |
| Large Entity Fee Fee | Small Entity Fee Fee | | | | | |
| Code (5) | Code (5) | Fee Description | | | Fee Paid_ | |
| 1051 130 | , | te filing fee or oath | | | | |
| 1052 50 2053 130 | 2052 25 Surcharge - lat 2053 130 Non-English s | te provisional filing fee o pecification | r cover snee | i. | | |
| 1251 120 | 2251 60 Extension for r | eply within first month | | | | |
| 1252 450 1253 1,020 | | reply within second mont reply within third month | h | | | |
| 1254 1,590 | 2254 795 Extension for r | eply within fourth month | | | | |
| 1255 2,160 1401 500 | 2255 1,080 Extension for r 2401 250 Notice of Appe | eply within fifth month | | | <u> </u> | |
| 1402 500 | | support of an appeal | | | | |
| 1403 1,000 | 2403 500 Request for or | | | | | |
| 1451 1,510 1460 130 | 1 | itute a public use procee e Commissioner | eaing | | | |
| 1807 50 | | under 37 CFR 1.17(q) | | | | |
| 1806 180 | | Information Disclosure | | | | |
| 1809 790 1810 790 | | ssion after final rejection | | | | |
| Other fee (specify) | | | | | | |
| (| | SUBTOTAL (2) | | [| (5) | |

| SUBMITTED BY Complete (if applicable) | | | | | lete (if applicable) |
|---------------------------------------|-------------------|--------------------------------------|--------|-----------|----------------------|
| Name (Print/Type) | Thomas M. Coester | Registration No. (Attorney/Agent) | 39,637 | Telephone | (408) 947-8200 |
| Signature | Chanas Coeste | | | Date | 05/05/06 |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

PER HAMMARLUND, ET AL.

Application No. 09/539,734

Filed: March 30, 2000

For: METHOD AND APPARATUS TO SELECTIVELY

ADVANCE A WRITE POINTER FOR A QUEUE BASED ON THE INDICATED VALIDITY OR INVALIDITY OF AN INSTRUCTION STORED

WITHIN THE QUEUE (AMENDED)

Examiner: David J. Huisman

Art Unit: 2183

Confirmation No. 8889

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action mailed February 8, 2006, Applicants respectfully request entry of the following amendments.